This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

The American Atlas of Stereoroentgenology

A QUARTERLY

THE SOUTHWORTH COMPANY
TROY, NEW YORK

LANE

MEDICAL LIBRARY

SEAL OF THE LELAND STANFORD JUNIOR UNIVERSITY

SEMPER VIRENS

1885

LEVI COOPER LANE FUND

The American Atlas

of

Stereoroentgenology

A QUARTERLY

EDITED AND PUBLISHED UNDER THE SOLE AUSPICES OF

THE NEW YORK ROENTGEN SOCIETY

EDITORS:

Leopold Jaches, M. D. **William H. Stewart, M. D.** **H. M. Imboden**

WITH ASSOCIATES AND CORRESPONDENTS THROUGHOUT THE WORLD

THE SOUTHWORTH COMPANY,
TROY, NEW YORK

Ka

Copyright, 1919, by
THE SOUTHWORTH COMPANY. Publishers
Troy, N. Y.

U848
A51
v.7
1919

INDEX

ACUTE MILIARY TUBERCULOSIS OF THE LUNGS,
By Leon Theodore LeWald

TUBERCULOSIS OF THE SHOULDER JOINT,
By Leon Theodore LeWald

SUBCUTANEOUS EMPHYSEMA OF THE CHEST AND ABDOMINAL WALLS.
By Leon Theodore LeWald

FRACTURE OF THE SPINOUS PROCESS OF SIXTH CERVICAL
By Wm. H. Stewart, M. D.

PONTO-OCCIPITAL TUMOR,
By Wm. H. Stewart, M. D.

FOREIGN BODIES IN THE FACE,
By F. M. Law

GIANT CALCULUS IN THE LEFT URETER,
By H. M. Imboden, M. D.

EXPECTORATED STONES, PROBABLY DUE TO A BROKEN DOWN CALCIFIED MEDIASTINAL GLAND,
By H. M. Imboden, M. D.

FRACTURE OF BOTH PATELLAE,
By B. P. Farrell, M. D.

LANE LIBRARY

46209

The American Atlas of Stereoroentgenology

Vol. II. June, 1918 No 7.

ACUTE MILIARY TUBERCULOSIS OF THE LUNGS

By Leon T. LeWald, M. D., New York

Major, Medical Reserve Corps, U. S. Army; Director of the Edward N. Gibbs Memorial X-ray Laboratory; and of the Roentgen Department of St. Luke's Hospital.

M. B., male, age 28 years.

LANE LIBRARY

ADMITTED to St. Luke's Hospital, October 14, 1917, with history of having a cough for three and a half months. Has lost weight and strength, Percussion note resonant, voice and breath sounds normal. A few dry crackles were heard at the right apex, but these did not persist after coughing. Heart slightly enlarged to the left; sounds clears. Temperature 99, pulse 108, respiration 22. October 17, 1917, examination of the sputum negative for tubercule bacilli.

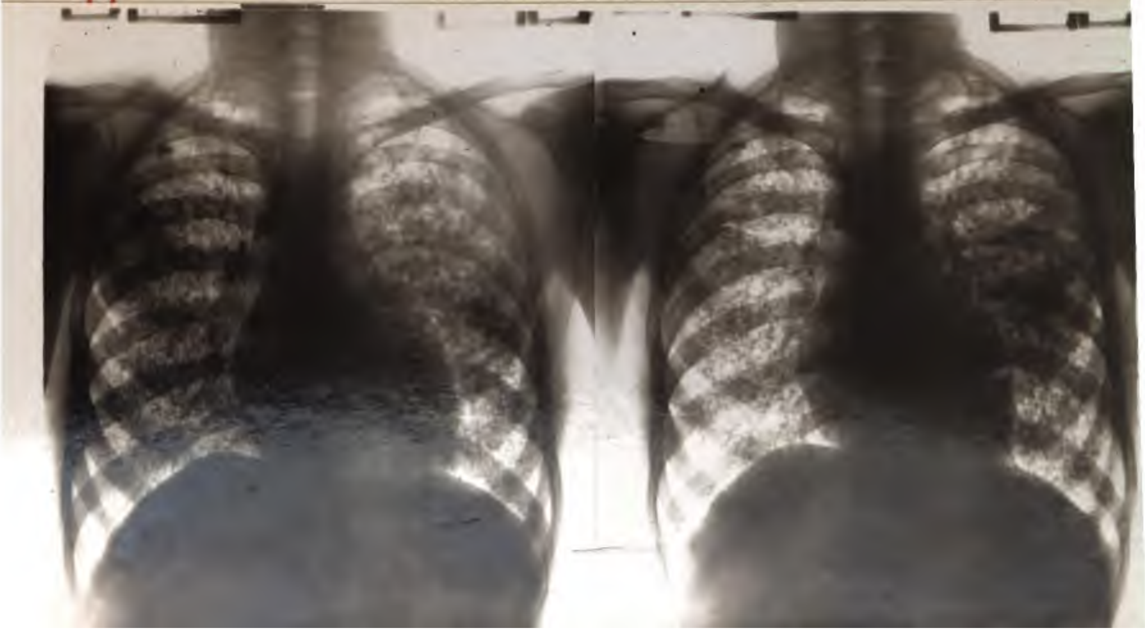
¶ **Roentgen Ray Examination**—Revealed extensive miliary tuberculosis of both lungs of acute character. A Roentgen Ray examination made about three months pre-

viously showed no definite evidence of miliary tuberculosis, but did show a small calcified area at the right apex with slight fibroid changes.

¶ The patient was transferred to Bellevue Hospital, where he died about a week later. No autopsy was obtained.

Miliary Tuberculosis of Both Lungs

Stereo 68 **Serial №** **282**



TUBERCULOSIS OF THE SHOULDER JO

By Leon T. LeWald, M. D., New York.

Major, Medical Reserve Corps, U. S. Army; Director of the Edward N. Gibbs M
X-ray Laboratory; and of the Roentgen Department of St. Luke's Hospita

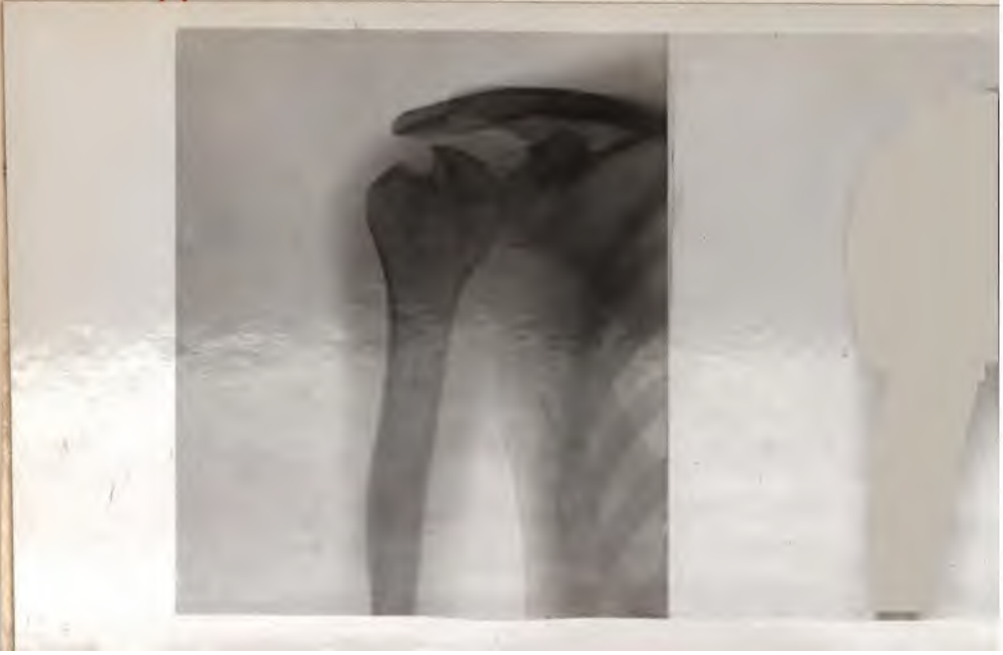
F. H., female, age 25 years.

THE case is of extreme interest b
of the transformation of a tuber
sicca (see Stereo 69) into a
with the production of fluid
joint and formation of a cold
surrounding the joint (see Stere

¶ The diagnosis seems parti
well established in view of the
tion with a tuberculosis of the hi
which was first observed in the patient about twelv

Showing Destructive Process in the Head and
Portion of Neck of Left Humerus

Stereo 69 **Serial No.**



SUBCUTANEOUS EMPHYSEMA OF THE CHEST AND ABDOMINAL WALLS

By Leon T. LeWald, M. D., New York.

Major, Medical Reserve Corps, U. S. Army; Director of the Edward N. Gibbs Memorial X-ray Laboratory; and of the Roentgen Department of St. Luke's Hospital.

S. C., male, 2 years.

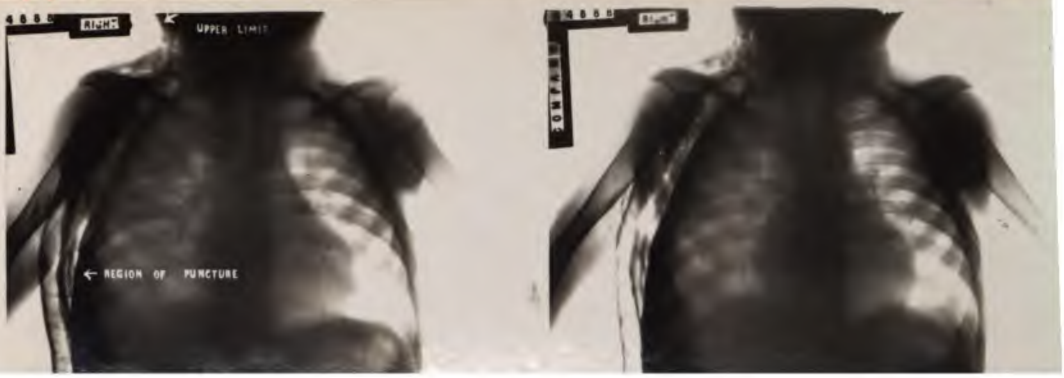
ADMITTED to St. Luke's Hospital, December 10, 1917, with history of shortness of breath. About thirteen days before he began to have fever. A physician was called who made a diagnosis of pneumonia. Physical signs were recorded as follows: Thorax, expansion slight; lungs resonant over the left side, breath and voice normal; over the right side, posteriorly, there is flatness on purcussion, and breath and voice sounds are increased. Heart shows no enlargement; no murmurs.

¶ Later on, physicals signs suggested fluid in the chest. Without a Roentgen Ray examination having been made, a needle was inserted in the right side of the chest, but no fluid was obtained. Following the withdrawal of the needle it was noticed that there was swelling of the tissues about the region of the puncture, and, on palpation, a crepitation could be felt, such as one finds in the presence of air or gas in the subcutaneous tissues.

¶ **Roentgen Ray Examination.**—Roentgen Ray examination made a few hours later showed a remarkable appearance. The entire right side of the chest and abdomen was distended over the anterior and posterior surfaces. The definite raising of the skin from the subcutaneous tissues could be made out and showed a transparent layer about one inch in thickness. This evidently represented the presence of air in the subcutaneous tissues. The subcutaneous emphysema was limited by the attachment of the subcutaneous tissues to the inferior maxilla above, and below to Poupart's ligament, and anteriorly and posteriorly to the median line. There was increased density to a moderate degree throughout the right side of the chest, apparently indicating an unresolved pneumonia. The heart was not materially displaced.

Subcutaneous Emphysema of the Chest and Abdominal Walls

Stereo 71 **Serial №. 282**



¶ **Conclusion**—The evidence favors the diagnosis of pneumonia without the presence of a pleural fluid exudate. The aspirating needle had apparently entered the consolidated lung and left a tract through which air was forced into the lung through the subcutaneous tissues.

¶ The findings emphasize the advisability of making a Roentgen Ray examination prior to exploratory puncture of the chest wall in cases of suspected fluid in the pleural cavity. (The findings are similar to those which one might obtain Roentgenographically in gasbacilles infection in war wounds, the presence of the gas being evidenced by the areas of lessened density in the subcutaneous tissues.)

FRACTURE OF THE SPINOUS PROCESS OF SIXTH CERVICAL VERTEBRA

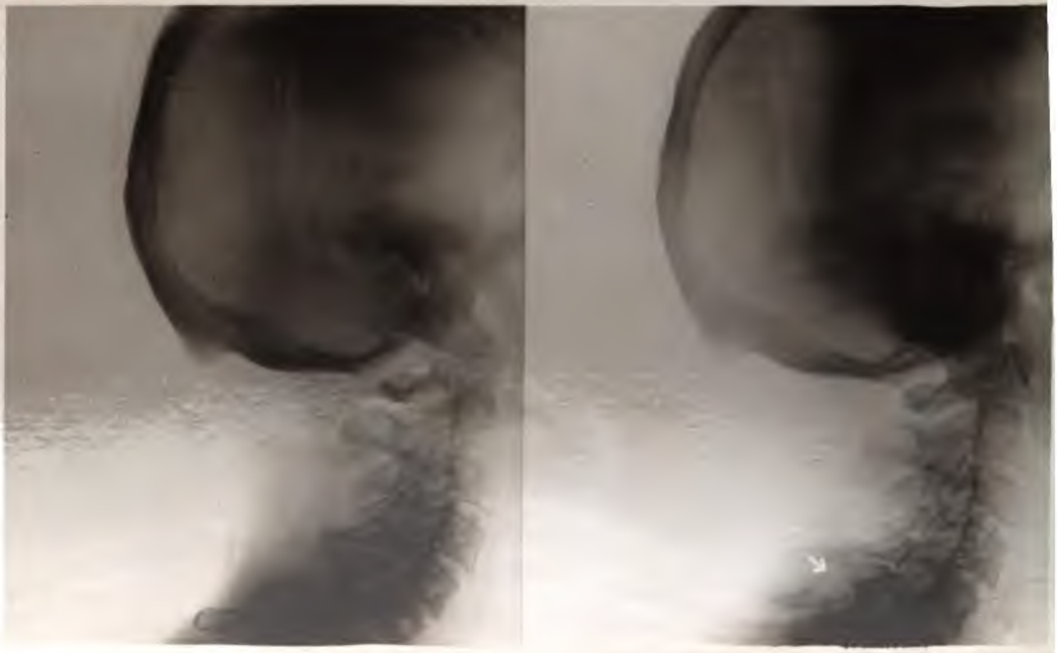
By Wm. H. Stewart, M. D., New York

D. B., male, age 38 years. Referred by Dr. C. A. Clinton

CLINICAL History—November 17, 1917, he fell backward from high stoop to the pavement below, striking his head. He was not unconscious. The next morning the neck was decidedly stiffened. He could only move it slightly to the right and left. He also complained of a drawing pain between his shoulders. The stiffness of the neck has persisted but the pain disappeared. There was no bladder symptoms.

Fracture of Spinous Process of Sixth Cervical

Stereo 72 **Serial Nº 282**



PONTO-OCCIPITAL TUMOR

By Wm. H. Stewart, M. D., New York

Mrs. J., age 38 years **Referred by Drs. Willy Meyer and G.**

FAMILY History—Negative.

Clinical History—Betw ages of three and fourteen y had epileptoid convulsive att under treatment these disapp six years. Since 1901, wh twenty years of age, she had a dizziness and more or less Otherwise her health has be good until February, 1917, when she commenced plain of blurred vision, headaches and weakness in In August, 1917, she developed nystagmus in l (particularly on lateral movements of the eye-b facial paralysis, weakness of the left arm and left l ness in the left ear and symptoms of neuritis in t left side. The knee jerk and the foot jerk on the were increased. The Oppenheim test was negativ sensory disturbances were noted.

Opthalmoscopic Examination showed cho on both sides; the left eye was almost blind.

Wasserman negative.

Roentgen Examination showed great thin erosion of the posterior clinoidal prosesses, a deep

the sella with thinning of the floor; with this enla
of the pituitary fossa, the sphenoid cells were din
in size.

¶ **Operation**—On October 13, 1917, with intra
insufflation. The surgeon removed a horse-shoe
bone flat from occipital region, including a portic
foramen magnum. The brain was found under t
ous tension; there was no severe hemorrhage. Pati
suddenly while on the operating table.

¶ **Post Mortem Findings**—(six hours after
Upon cutting the sutures holding the edges of the
previously described, the four flaps fell apart sho
oval removal of the scull cap. This oval opening e
the posterior half of the foramen magnum and e
anteriorly to the occipital protuberance. The n
were intact; upon opening them the brain tissues
slight congestion. In the left posterior cranial fos
mass, irregularly lobular in shape, pinkish white i
measuring about 4 by 3 c.m. in diameter, of the con
of a fibroma nolle; this was attached to the hind l
delicate, easily separable strands. It could be s
from all surrounding tissue except at the juglar
and it did not appear to be attached to the facial o
nerve. The remaining brain showed no gross ab
ties, except pressure flattening and distorting of l
brain. Upon removing the meninges covering the
the skull, the sella turcica was found almost comple
organized. One clenoid process being entirely abs
the other represented by a tiny spicule of bone; t
of the sella was completely gone, free communicatic

established with the sphenoidal cells. Lying in the cells of the sphenoid was noted what appeared to be petuitary body which measured 1 by.75 c.m. and which was very soft and somewhat hemorrhagic.

¶ Specimen for histological examination was taken from the tumor mass and pituitary. These specimens were examined for spirochatae pallida, especially stained to demonstrate nerve fibers and stained by Mallor connective tissue stain as well as by haematoxylin and eosin. The pituitary gland showed no pathological change except occasional areas of interstital hemorrhage.

¶ The tumor consisted of dense interlacing bundles of spindle-cells, irregular in size. These cells had fairly large centrally placed nuclei which take a deep stain with haematoxylon. The tumor was not of a uniform density as regards the cellular elements. In scattered areas there was considerable hyalin degeneration, in others quite marked edema. In one small area, located almost in the centre of the tumor, were a number of large multipolar cells containing large vesicular nuclei; springing from these cells were fine fibers which came in contact with similar processes from other cells. These cells probably represented all that was left of the nerve from whose sheath the growth had originated. Areas of necrosis and hemorrhage were not common. Mitotic figures were occasionally observed.

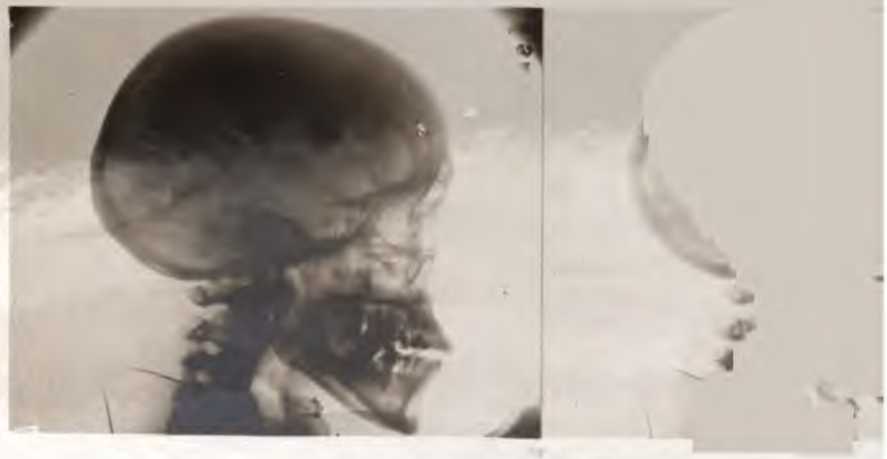
¶ **Anatomical Diagnosis**—Fibro-sarcoma (spindle-cell type). Special stains for spirochatae were negative.

¶ **Remarks**—This case is interesting as showing the

amount of bony changes in the sella which can occ
pressure accompanying an internal hydrocephalus se
to a ponto-occipital tumor.

Showing Thinning and Erosion of Posteri
Clinoidal Processes

Stereo 73 **Serial No.**



GIANT CALCULUS IN THE LEFT URET

By H. M. Imboden, M. D., New York

C. B. V., male, age 53 years **Referred by Dr. A. T**

DURING the past twenty years
five or six definite attacks of
the left side which were diagn
renal colic. These attacks were
accompanied by pus in the
With these exceptions his uri
normal.

¶ During the summer of 1
was ill with what was diagn
toximia, for which several of his teeth were extracte
very little relief. His only other recent illness was

¶ **Present Complaint**—Definite and more or le
tinuous pain in the left lower part of the abdomen
was reflected downward and toward the back. F
found in the urine but no blood.

¶ **Cystoscopic Examination**—The interior of th
der appeared normal. The left side of the bladder
inward and the left ureter mouth was flat and
stretched out appearance. A hard object could b
with difficulty, by manual examination.

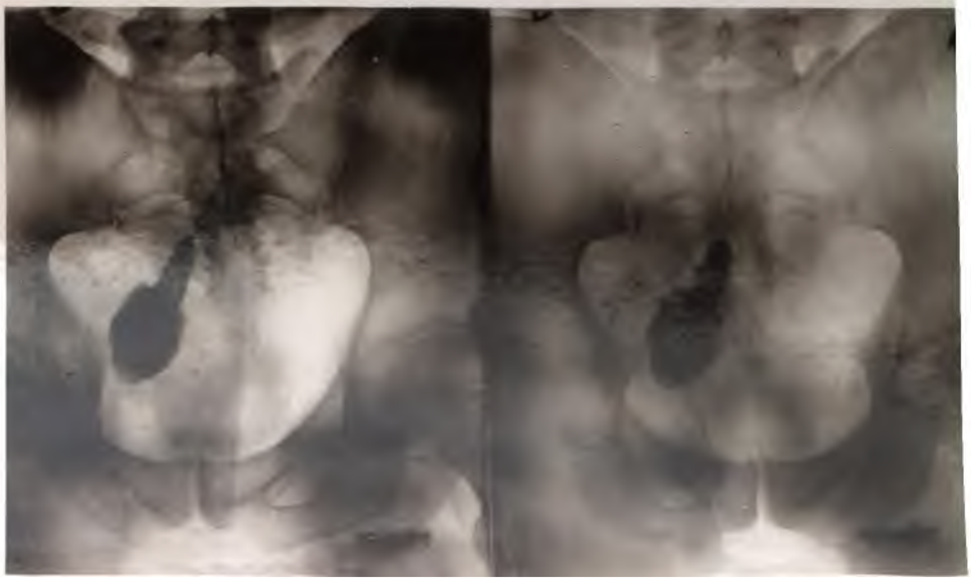
¶ **Roentgen Ray Diagnosis**—Very large and
shadow in the left side of the pelvis, which was tho
be due to a calculus in a diverticulum of the left ure

¶ **Operation**—The left ureter was the size of the small intestina. Dense mass was felt in the lower extremity. The Ureter was divided at the pelvis brim and about four inches of the lower ureter with the calculus within was removed. The proximal end of the ureter was brought out through the skin. An enormous amount of pus escaped from a pyonephretic sac.

¶ **Convalescent**—Uninterrupted.

A Calculus in a Diverticulum of the Left Ureter

Stereo 75 **Serial Nº 282**

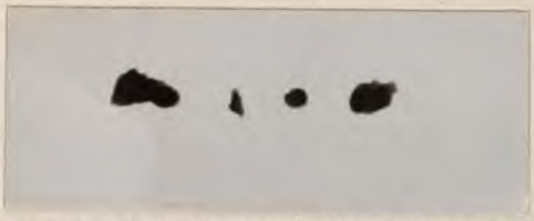


EXPECTORATED STONES, PROBABLY
TO A BROKEN DOWN CALCIFIE
MEDIASTINAL GLAND

By H. M. IMBODEN, M. D., New York

Miss L., age 72 years **Referred by Dr. J. F**

FOR the past forty-five years the
has had no illness except neur
one side of the face. Several
ago she had a chill, follow
cough. During a coughing p
she brought up several small
which appeared to be stone
edges were smooth and they
size from about half a centime
centimeter and a half in diameter. A Roentgeno
several are shown in the accompanying print. No



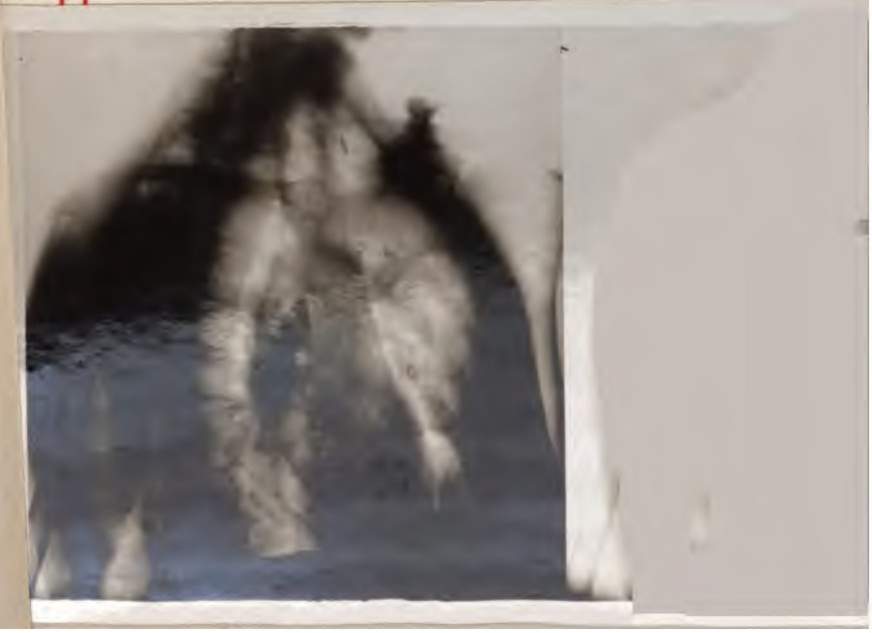
examination was made but grossly they appeared to
calcium. She coughed up a large number of thes
over a period of weeks. They were always acco
by small quanties of mucous but no blood or p
observed.

¶ On the Roentgen plates of the thorax an
dense shadow was observed in the mediastinı
thought it due to a calcified mediastinal gland.
probably broke down and during coughing paroxy
of the calcified meterial was discharged.

¶ The patient died recently during an attack
chitis.

Broken Down Calcified Mediastinal Gla

Stereo 76 **Serial** **Nº**



FRACTURE OF BOTH PATELLA

By B. P. Farrell, M. D.

H. Y., married, age 22 years. Occupation, telephone installer

PRESENT illness—In June, 191
was working in a damp, da
when he slipped and fell headlo
ing both knees squarely against
of a stone step. Pain over bot
was very severe but he was a
up and continue work. The
injury elsewhere, except for
bruising. Both knees swelled
became black and blue and remained very painful.
noticed no grating or clicking though he was d
stating that the most tender spots were on the out
each patella. He continued working a week, but
were so painful and stiff then that he was hardly a
about, even with two canes. He was seen by a do
prescribed rest and painted the parts with iodine.
himself bandaged both knees tightly and went
where he remained fifteen days. By that time mu
swelling, pain and tenderness was gone. He sta
again and the swelling and pain returned. Th
noticed, especially when walking, that his kne
suddenly give way in flexion. While he never fe
pain was produced by catching himself. Climb
graph posts and carrying heavy objects produce
pain, swelling and stiffness. On one occasion, tw

after the accident, he quit work for a week and since t gotten along fairly well with light labor. The tende at the outer side of each patella have remained, alt the swelling itself has been rather evenescent in char

¶ **Physical Examination**—The lower extremiti negative to inspection, except for a slight amount o ing at outer sides of the patellae. There is goo muscular extension, which causes a small amount in patellae regions when forced. Extreme flexion, is free also, causes slight pain. When patient fle extends the leg, a slight clicking can be felt by th palpating either patella. Passive motion does not el sensation. Exquisite tenderness can be elecited by p along the outer edge of each patella. Slight crepit be obtained by rather strenuous manipulation of left only. (Notice that patient has complained most of knee.) No signs of fluid were observed in either jo

¶ **Roentgen Examination**—Longitudinal fract both patellae.

¶ **Operation**—Left knee. A longitudinal incisio three inches long was made over the patella. This wa ened to the bone and the periosteum stripped to bot The outer fragment was found too large to remove. noticeable that no attempt at union or callous for had been made. The opposing surfaces were rather from the constant friction. Two holes opposite eac were drilled in the fragments and the edges freshen a curette. Good approximation was obtained by kangaroo tendon through the holes mentioned abov periosteum was closed with chromic gut No. 1. T and subcutaneous tissue was closed in the usual way.

RIGHT

LANE MEDICAL LIBRARY

To avoid fine, this book should be returned on or before the date last stamped below.

JUL 19 1921

U848 The American atlas 46209
A51 of stereoroentgenology
v.7
1919

NAME	DATE DUE
C. O. Sappington	JUL 19 1921